Gōdō Martial Arts Child Assumption of Risk and Parental Consent Form

Important Notice for Parents/Guardians:

Martial arts training carries some inherent risks. This document ensures that you, as the parent or guardian, understand these risks before permitting your child to participate in training sessions at **Gōdō Martial Arts**. Please read carefully before signing.

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1. Parent/Guardian and Child Details

Child's Full Name: _____

Date of Birth: _____

Parent/Guardian Full Name: _____

Emergency Contact Number: _____

Email Address: _____

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2. Martial Arts Training Overview

Your child will be participating in structured martial arts training at **Gōdō Martial Arts**. The training will include **Freestyle Martial Arts** and will be adapted to suit your child's age and experience level.

Training will involve:

- Fundamental martial arts techniques, including striking, blocking, and movement drills.
- Partner-based exercises, controlled sparring (if appropriate), and self-defence techniques.
- Fitness and conditioning activities.
- Structured syllabus-based progression and grading.

Instructor Information:

The session will be led by **David Hitchman**, a fully qualified and insured martial arts instructor at **Gōdō Martial Arts**.

The instructor holds:

- Relevant martial arts qualifications.
- Safeguarding and child protection training.
- An enhanced DBS check.
- First Aid certification.

If you have any questions regarding the upcoming class or the syllabus, please contact us at **fusion@martial.email**.

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3. Acknowledgement of Risks

Martial arts training involves physical exertion, close contact with other participants, and potential impacts with equipment or training surfaces. These activities present inherent risks that cannot be entirely eliminated.

Potential risks include, but are not limited to:

- Slips, trips, and falls.
- Bruises, sprains, or strains.
- Occasional accidental contact injuries.
- Rare but more serious risks such as fractures or concussions.

Club Safety Commitment:

- All sessions are conducted in a safe and structured manner.
- Protective equipment will be used where necessary.
- Techniques will be adapted to ensure suitability for children.
- All children are encouraged to communicate with instructors if they feel uncomfortable or unwell.

Despite these precautions, I acknowledge that some risk remains, and I accept responsibility for permitting my child to participate.

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4. Health and Medical Declaration

It is important that we are aware of any medical conditions, injuries, or additional needs that may affect your child's participation in training.

Does your child have any medical conditions or allergies?

☐ No

☐ Yes (please provide details): _____

Does your child require any medication during training?

☐ No

☐ Yes (please provide details): _____

I confirm that my child is physically fit to participate in martial arts training at **Gōdō Martial Arts**. If any medical conditions change, I will inform the club before their next session.

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5. Code of Conduct and Behaviour Expectations

At **Gōdō Martial Arts**, we expect all students to adhere to our code of conduct to maintain a safe and respectful training environment.

Children must:

- Follow instructor guidance at all times.
- Respect fellow students and avoid rough or reckless behaviour.
- Listen carefully to safety instructions.
- Wear appropriate training attire and safety equipment where required.
- Inform the instructor immediately if they feel unwell or unsafe.

Failure to follow these guidelines may result in restricted participation or removal from the class.

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6. Consent and Assumption of Risk

By signing this document, I confirm that:

- I have read and understood this **Assumption of Risk and Parental Consent Form**.
- I voluntarily assume all risks associated with my child's participation in martial arts training.
- I consent to my child taking part in classes at **Gōdō Martial Arts**.
- I understand that while **Gōdō Martial Arts** takes reasonable precautions to ensure safety, injuries may still occur.
- I confirm that my child will follow the code of conduct and listen to instructor guidance.
- If my child has any medical conditions, I have disclosed them to the club.

Parent/Guardian Signature: _____

Date: _____

Instructor Witness: _____

Date: _____

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7. Additional Permissions (Optional)

As part of our club activities, we may take photos or videos for promotional purposes. These may be used on our website, social media, or marketing materials.

Do you consent to your child's image being used for promotional purposes?

☐ Yes

☐ No

If at any point you wish to withdraw consent, please notify the club in writing.

If you have any concerns or questions about this document, please speak to the instructor or contact us at **fusion@martial.email**.